## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

09944915

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                        |                                                                                                                                                                                                                                                                           |                                           |                  |                                        |                              |                  |        | SMALL ENTITY TYPE  |                                |          | OTHER THAN                               |                        |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------|----------------------------------------|------------------------------|------------------|--------|--------------------|--------------------------------|----------|------------------------------------------|------------------------|
| TOTAL CLAIMS                                                                          |                                                                                                                                                                                                                                                                           |                                           |                  |                                        |                              |                  | [      | RATE               | FEE                            | . [      | RATE                                     | FEE                    |
| FOR ·                                                                                 |                                                                                                                                                                                                                                                                           |                                           | NUMBER FILED     |                                        | NUMBER EXTRA                 |                  | l      | BASIC FEE          | 370.00                         | OR       | BASIC FEE                                | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                               |                                                                                                                                                                                                                                                                           |                                           | 23 minus 20=     |                                        | • 3                          |                  |        | X\$ 9=             |                                | OR       | X\$18=                                   | 54,00                  |
| IND                                                                                   | EPENDENT C                                                                                                                                                                                                                                                                | 5 minus 3 =                               |                  | * %                                    |                              |                  | X42=   |                    | OR                             | X84≤     | 160                                      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                      |                                                                                                                                                                                                                                                                           |                                           |                  |                                        |                              |                  |        | +140=.             |                                | OR       | +280=                                    |                        |
| * If the difference in column 1 is less than zero, enter                              |                                                                                                                                                                                                                                                                           |                                           |                  |                                        | r "O" in c                   | olumn 2          |        | TOTAL              |                                | OR       | TOTAL                                    | 924                    |
| CLAIMS AS AMENDED - PART II  /-6 -0 6 (Column 1) (Column 2) (Column 3)                |                                                                                                                                                                                                                                                                           |                                           |                  |                                        |                              |                  |        | SMALL              | ENTITY.                        | OR       | OTHER<br>SMALL                           |                        |
| AMENDMENT A                                                                           |                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVI                   |                              | PRESENT          |        | RATE:              | ADDI-<br>TIONAL<br>FEE         |          | RATE                                     | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                     | • 24                                      | Minus            | ** 2                                   | 3                            | = /              | ] [    | X\$ 9=             |                                | OR       | X\$ <u>78</u> ਵ                          | 50                     |
| AME                                                                                   | Independent                                                                                                                                                                                                                                                               | • 5                                       | Minus            | *** (                                  | 4                            | = 0              | 11     | X42=               |                                | OR       | X84=                                     | ٥                      |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                            |                                           |                  |                                        |                              |                  | 1      | +140=              | JANI-                          | ÒR       | +280=                                    | 0                      |
|                                                                                       |                                                                                                                                                                                                                                                                           |                                           |                  |                                        |                              |                  |        |                    | 9:56 e 1                       | OR       | TOTAL                                    | 50                     |
| (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                           |                                           |                  |                                        |                              |                  |        |                    |                                |          |                                          |                        |
| AMENDMENT B                                                                           |                                                                                                                                                                                                                                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREVI                           | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | . 3°   | PATE               | ADDI<br>TIONAL<br>FEE          |          | RATE                                     | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                     |                                           | Minus            | ************************************** |                              | <b>3</b>         |        | X\$ 9=             |                                | OR       | X\$18=                                   |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                               | *                                         | Minus            | *** ; ,                                | .: .                         | =                | ]      | X42=               |                                | OR       | X84=                                     |                        |
| Ľ                                                                                     | FIRST PRESENTATION OF MULTIPLE DE                                                                                                                                                                                                                                         |                                           |                  | PENDENT CLAIM                          |                              |                  | 1      | +140=              |                                | OR       | +280=                                    |                        |
|                                                                                       |                                                                                                                                                                                                                                                                           | · · · · · · · · · · · · · · · · · · ·     |                  | (O-l-                                  | 0                            | (0-1             |        | TOTAL<br>ODIT, FEE |                                | OR       | TOTAL<br>ADDIT. FEE                      |                        |
|                                                                                       |                                                                                                                                                                                                                                                                           | (Column 1)<br>CLAIMS                      |                  | (Colui                                 | IEST.                        | (Column 3)       | ٦,     | 9 (Aug             | ADDIA                          | 2<br>860 | 27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ADDI:                  |
| *AMENDMENT C                                                                          |                                                                                                                                                                                                                                                                           | REMAINING<br>AFTER<br>AMENDMENT           |                  | PREV                                   | IBER<br>OUSLY<br>FOR         | PRESENT          |        | RATE               | ADDIA<br>TIONAL<br>FEE         |          | RATE                                     | ADDI-<br>TIONAL<br>FEE |
|                                                                                       | Total                                                                                                                                                                                                                                                                     | <b>*</b>                                  | Minus            | **                                     |                              | =                | ] [    | X\$ 9=             | रकोर्ग प्रस्ते ।<br>स्टब्स ४,७ | OR       | X\$18=                                   |                        |
|                                                                                       | Independent                                                                                                                                                                                                                                                               | •                                         | Minus            | ARA                                    |                              | =                | lt     | X42=               | area s Arya                    | ÒR       | X84=                                     | ·                      |
|                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                            |                                           |                  |                                        |                              |                  | J      |                    |                                |          |                                          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                           |                                           |                  |                                        |                              |                  |        | +140=<br>TOTAL     |                                | OR       | +280=                                    |                        |
| **                                                                                    | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number ( |                                           |                  |                                        |                              |                  |        |                    | : , : ,                        | OR       | TOTAL<br>ADDIT. FEE                      |                        |
|                                                                                       | The "Highest Nun                                                                                                                                                                                                                                                          | nber Previously Pa                        | id For (Total or | Independ                               | lent) is the                 | highest numb     | er fou | nd in the app      | propriate box                  | r in co  | lumn 1.                                  | State of the con-      |